



University Physicians, Inc.

Representing Physicians at the CU School of Medicine

November 19, 2013

To Whom It May Concern:

The purpose of this letter to provide feedback on the new clinical quality measures for potential use by eligible professionals (EPs) in the EHR Incentive Program (HHS Contract: HHSM-500-2008-00020I; Task Order HHSM-500-TO003).

We focused our feedback on your requested areas of relevance to EPs, the usefulness of the CQMs to improve the quality of our patients' care, and the feasibility of data collection via our EHR.

In order to promote quality initiatives within our institution, it is our goal to continue to encourage the alignment between CMS's quality programs: PQRS, VBPM, eRx, & MU. In 2013, we have seen a great deal of alignment by CMS between Meaningful Use Stage 2 and the Value Based Payment Modifier. With this alignment, we have been able to design alerts in our certified EHR that maximizes our provider's quality program charting in our EHR. Quality initiative programs have also improved our patients' care received at our practice and has refined our ability to analyze data from our EHR.

This alignment of quality programs has been essential to our practice this year and for Meaningful Use Stage 3 CQMs, we would recommend continuing to align all CMS quality programs with the EHR Incentive Program.

As alignment greatly promotes our success in quality program communication with providers, we are in favor & support the proposed Meaningful Use Stage 3 CQMs as they align with the VBPM Program (GPRO Option for Submission):

- CMS165v1, NQF 0018- Controlling High Blood Pressure
- CMS138v1, NQF 0028- Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention
- CMS125v1, NQF 0031- Breast Cancer Screening
- CMS130v1, NQF 0034- Colorectal Cancer Screening
- CMS147v1, NQF 0041- Preventative Care and Screening: Influenza Immunization
- CMS127v1, NQF 0043- Pneumonia Vaccination Status for Older Adults
- CMS122v1, NQF 0059- Diabetes: hemoglobin A1c Poor Control
- CMS164v1, NQF 0068- Ischemic Vascular Disease (IVD): use of Aspirin or Another Antithrombotic
- CMS182v1, NQF 0075- Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control
- CMS 144v1, NQF 0083- Heart Failure (HF): Beta-Blocker Therapy for Left Ventricular Systolic Dysfunction (LVSD)
- CMS139v1, NQF 0101- Falls: Screening for Future Fall Risk

- CMS2v2, NQF 0418- Preventative Care and Screening: Screening for Clinical Depression and Follow-Up Plan
- CMS69v1, NQF0421- Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow-Up
- CMS22v1- NQF TBD- Preventative Care and Screening: Screening for High Blood Pressure and Follow-Up Documented

The major concern we have with the new CQMs for Stage 3, is that some of the VBPM quality measures for GPRO submission are missing from the list of proposed CQMs. We feel that it is essential to include all VBPM quality measures as we have been diligently educating providers, refining clinic workflows, and integrating quality reporting for all VBPM quality measures with our partnership hospitals and employed providers. Excluding the following list of VBPM quality measures would be a step backwards for our practice which has made substantial efforts to improve upon the following CQMs, currently not included in Meaningful Use Stage 3:

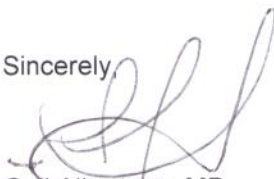
- NQF 0097, PQRS #46- Medication Reconciliation
- NQF 0074, PQRS #197- Coronary Artery Disease (CAD): Lipid Control
- NQF 0066, PQRS #118- Coronary Artery Disease (CAD): Angiotensin- Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy- Diabetes or Left Ventricular Systolic Dysfunction (LVEF <40%)
- NQF: 0729, PQRS #319- Diabetes Mellitus Measures: High Blood Pressure Control, Low Density Lipoprotein Control, Hemoglobin A1c Control, Daily Aspiring or Antiplatelet Medication Use, and Tobacco Non-Use

Controlling costs at our institution while improving the quality of care is a top priority and leaving off the stated CQMs above would be an oversight of the CAD & Diabetic population who need more attention in their care and higher quality program CMS support.

University Physicians, Inc. is dedicated to providing business operations and administrative support to the University of Colorado School of Medicine's 1,800 providers. University Physicians, Inc. oversees the EHR EP Incentive Program within our practice at our partner hospitals: the University of Colorado Hospital and Children's Hospital Colorado.

Thank you for allowing us the opportunity to share our comments and for your efforts promoting the alignment between CMS quality programs.

Sincerely,



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